



**Kentucky Occupational and Environmental Medicine
Association
Presents
2019 Spring Conference**

University of Kentucky

The meeting will be in Room 127 of the Charles T. Wethington Building which is located at the corner of Transcript Avenue and South Limestone Street. Parking on the weekend is free at the main hospital garage (which is kitty corner across the street from the building). The parking fronts onto South Limestone but the entrance is off South Limestone.

Parking:

UK Chandler Hospital Parking Garage
110 Transcript Ave
Lexington, Ky

Date: Saturday, March 2, 2019

Target Audience: Physicians, Physicians Assistants, Nurse Practitioners, Nurses and other healthcare professionals working in the occupational medicine setting.

Early Bird Registration Fee: \$65

After February 26, 2019: \$75

Cancellation Policy: Requests made prior to February 26, 2019 will be accepted for complete refund. Requests after February 26 may be considered for partial refund due to confirmed expenses.

Feature Speakers:

Wayne T. Sanderson PhD, CIH; Professor, Dept of Epidemiology and Dept of Preventative Medicine and Environmental Health, College of Public Health, Univ of Ky.

Kelley J. Donham, MS, DVM, DACVPM; Professor Emeritus, Occupational and Environmental Health, Agricultural Medicine, College of Public Health, Univ of Iowa.

Time/Itinerary:

7:30a-8:30a Registration /Continental Breakfast

8:30a Welcome Introduction of Speakers Dr Nchako

8:30-9:50a "Agricultural Respiratory Diseases" Dr Wayne Sanderson

9:50-10:05a Break

10:05-11:25a "Zoonoses: Infectious Disease Hazards in rural and Agricultural Populations" Dr Kelley Donham

11:25-11:40a Break

11:40-12:15p Business Meeting

Objectives:

- Describe the types of hazardous agents that employees who work in agricultural jobs may encounter.
- Describe the types of respiratory diseases associated with these exposures, including disease characteristics, symptoms, and aids to diagnosis.
- Learn about some of the major zoonotic infections of importance to rural and agricultural workers.
- Discuss real case examples to help enforce the basic characteristics of these diseases.
- Identify basic epidemiologic, and ecologic history of these diseases to aid in attaining an occupational history that can lead to diagnosis, treatment, and prevention.
- Discuss resources that can be utilized to assist in diagnosis, and prevention of these diseases.

Accreditation:**ACCME Accreditation Statement**

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American College of Occupational and Environmental Medicine (ACOEM) and the Kentucky Occupational and Environmental Medical Association (KOEMA). The ACOEM is accredited by the ACCME to provide continuing medical education to physicians.

AMA Credit Designation Statement

The American College of Occupational and Environmental Medicine designates this live educational activity for a maximum of 3.0 *AMA PRA Category 1 Credit(s)*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Kentucky Board of Nursing

Provider Number: 7-0046-12-19-149

This program has been approved for **3.6** contact hours provided by Work Place Solutions, Inc, an approved provider for the Kentucky Board of Nursing. For successful completion, the participant must attend the entire session and complete the program evaluation form provided.



The ERC has graciously agreed to support, with a grant, the upcoming program. Thank you for your generosity.

**Kentucky Occupational and Environmental Medicine
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Registration Form**

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Registration can be made by mail:

KOEMA attn: Kathy Ohlmann, 1601 Applewood Ln, Louisville, Ky 40222.

Credit Card or Electronic Check Payment can be made to KOEMA through Paypal:

workplacesolutions.kathy@gmail.com

If you have questions, call 502-426-5971 or email workplacesolutions.kathy@gmail.com.

Registration Form Information:

Name/Credentials: _____

City, State, Zip: _____

Telephone _____

Email address: _____

Number of attendees: _____ Total: _____